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ABSTRACT

This compilation brings together various conference papers and a working group report on the topic of supported competitive employment for people with deaf-blindness and other profound disabilities. The title paper by Paul Wehman and Janet Hill studies 21 Profoundly/Multiply Handicapped Deaf-Blind Youth, April 7-10, 1986, Washington, DC. The title paper by Wehman and Hill studies 21 severely/profoundly mentally retarded adults working in competitive employment. The study found that the work obtained for the participants caused a multitude of other benefits to occur. However, participants were unable to find full-time employment and were placed primarily in entry-level service positions sometimes considered demeaning. A response by Kevin Lessard, titled "A Look at the Need to Further Organize and Design Services," comments on the programmatic needs of individuals with profound handicaps, the development of transitional services, and the issues of parents' rights and professional accountability. A brief response by Nancy Norman, titled "The Vocational Rehabilitation Perspectives," examines the performance evaluations, employer attitudes, and costs of the competitive employment program reviewed in Wehman and Hill's study. The report of the Working Group on Independent Living/Vocational Issues contains a belief statement and outlines a service delivery approach, issues and considerations, and recommendations. (JDD)

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SECTION II. SUPPORTED COMPETITIVE EMPLOYMENT

Supported Competitive Employment for Persons Labeled Severely and Profoundly Mentally Retarded: Impact of Wages and Integration

Paul Wehman and Janet W. Hill

EC 211068

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Introduction

Within the past several years there has been an intensified interest in helping persons who are challenged with moderate, severe, and profound mental retardation to improve their work opportunities. Specifically, there have been numerous studies and papers which describe successful efforts to establish sheltered enclaves in industry (Mank, Rhodes, & Bellamy, 1986; Rhodes & Valenta, 1985), mobile work crews (Borbeau, 1985), school-based employment activities (Bates & Panscofar, 1983; Brown et al., 1984), and supported competitive employment (Rusch, 1986; Rusch & Mithaug, 1980; Vogelsburg, 1985; Wehman, 1986; Wehman & Hill, 1985; Wehman et al., 1985). This work builds upon earlier work done by leaders in the field such as Bellamy (e.g., Bellamy, Horner, & Inman, 1979) and Gold (1972), whose research focused primarily upon developing work competencies in difficult bench-work manual assembly.

Consistent with these advances in research there have been changes in federal priorities and policy in employment. The Administration on Developmental Disabilities (Elder, 1984) has spearheaded a major initiative regarding employment for persons with disabilities. The Office of Special Education and Rehabilitation Services, U. S. Department of Education, has published key policy papers (Will, 1984) on supported employment as well as sponsored major symposia on costs and benefits associated with employment of persons who are disabled (e. g., February 24, 1986). The Social Security Administration has also funded numerous transitional employment demonstration projects for persons with mental retardation.

While it is clear that during the last three years there has been a powerful movement toward expanding integrated employment opportunities for people labeled severely handicapped, it is equally clear that relatively little published literature has appeared to document the competitive employment success of people with measured intelligence under the level of 40. Competitive employment is defined as work for at least minimum wage in work environments where there are predominantly nonhandicapped workers (Rusch, 1986; Wehman, 1981). Measured intelligence is, of course, not the only indicator of severely handicapping conditions but it can be a powerful means of communicating about a target population. This is especially true when taken in relation to an individual's concomitant behavioral and physical characteristics.

In the Rhodes and Valenta (1985) study, which is a model effort at demonstrating an industry-based enclave, five of eight workers had measured intelligence of over 40. In our work in Virginia only 8% of the entire study population has been reported to have I.Q.s under 40 (Hill, Banks, Hill, Wehman, in press; Wehman et al., 1985). Brown and his colleagues (1984) report nonpaid and paid integrated work opportunities for individuals with severe handicaps. However, with the notable exception of the excellent bench-work models described by Bellamy and his associates (Bellamy et al, 1979; O'Bryan, 1985), which have focused on the most challenged populations, relatively few reports exist which detail the progress and problems of persons who have IQs in the severe and profound range that are actually working or have worked in competitive employment, enclaves, or work crews.

The present article was developed and disseminated through partial support of Grant No. G008301124 from the National Institute of Handicapped Research, and Grant No. G008430106 from Special Education Programs, Secondary and Transition Services.

We are deeply indebted to P. David Banks for his efforts at assembling the data in the tables in this report. We are also grateful to the numerous job coaches who willingly collected the data from which this paper could be developed. Finally, the work and support of Jill White, Carmen Mendez, Connie Britt, Walt Chernish, Judy Sands, Shelia Miller, Lance Elwood and Connie Ford, a local service provider is greatly appreciated.

Paper presented by Paul Wehman.

Therefore, the purpose of this paper is to provide an in-depth look at those individuals labeled as severely or profoundly mentally retarded whom we have helped gain competitive employment over the past eight years. Specifically, we wish to report on their demographic characteristics, nature of employment, financial data, and supervisor evaluation data. It is the intent of this paper to see how these results might have implications for similar vocational interventions with other populations such as those labeled deaf-blind, autistic, and multiply handicapped.

Method

The data presnted in this article were collected by professional service staff who work as industry-based job coaches. Most of the five job coaches either have bachelor's or master's degrees in Special Education, Psychology, Rehabilitation, or Social Work. The data reported in this paper were accumulated throughout the period from 1978-1986. The staff were trained by the authors in data collection and in how to check the accuracy of their data. This competitive employment program took place at a major university in the southeastern part of the United States. The program is characterized as one which focuses exclusively on supported competitive employment (e.g., Rusch, 1986; Wehman & Dregel, 1985; Wehman, 1986).

Briefly, this approach emphasizes vocational intervention directly at the job site after the person is hired. It requires the used of a skilled human services professional who can provide specialized placement and training support. Programs which do not provide this type of ongoing support have consistently been unable to maintain people with serious disabilities in competitive employment.

All data collected have been drawn only from placements of clients for which we had full responsibility. Clients were referred to us from schools, day programs, parents, and rehabilitation counselors. They were drawn from three different geographical locations in the state. Client selection for placement was based on a variety of factors such as parental support, travel accommodations, and job availability. There was less interest or concern about the entering skill level of the person since the supported employment approach was used to overcome whatever client deficits were present.

All client data were stored in a Franklin ACE 1000 computer along with data from many clients with a measured intelligence of over 40. These data are continually updated by a computer programmer and a data entry specialist.

To summarize, clients were referred for services into competitive employment. Those which we could work with had continued levels and amounts of data collected. It is those data which are profiled in this report.

Results

Demographics

The data on 21 persons are described in Table 1. The persons ranged in age from 18 to 63 and in measured intelligence from 24 to 39. The average age of this group was 27, and the average measured intelligence was 31. Four were functionally nonverbal or had severely impaired speech. All were ambulatory. None had independent travel skills prior to placement and about half still lived at home. Only two had the experience of an integrated school, while six had never had any special education. As can be seen from Table 1, a number of persons were replaced into second and third jobs as it became necessary.

Nature of Work

Virtually all individuals worked in entry-level service positions in profit and nonprofit companies (see Table 2). The ratio of handicapped to nonhandicapped persons was usually at least 1:10. Positive work behavior was seen as a major work asset for a

Table 1

Demographic Profile of Individual Workers Labeled Severely and Profoundly Retarded

NAME	AGE	IQ	COMPANY NAME	CLIENT RESIDENCE	START DATE	END DATE	MONTHS WORKED
1	20	39	Howard Johnson's Rest.	Institution	10/31/85	Current	4.11
2	19	24	Chi Chi's Restaurant	Parent	10/24/84	09/09/85	10.51
2	---	---	Morrison's Cafeteria	---	09/16/85	12/18/85	3.06
3	34	25	Community Alternative Inc	Group Home	07/27/83	01/02/85	17.25
4	34	31	Truckstops of America	Superv. Apt.	05/04/84	02/12/85	9.33
5	30	27	University of Richmond	Parent	10/23/78	Current	88.38
6	54	34	General Medical	Group Home	03/02/81	11/01/81	8.02
7	63	36	Medical College of Virginia	Adult Home	02/16/79	Current	84.57
8	36	38	ARA Services	Parent	10/27/80	06/03/81	7.20
8	---	---	ARC Camp Baker	---	06/08/81	07/20/81	1.38
8	---	---	ARA Services	---	08/23/81	Current	54.37
9	37	31	Little Creek Officer Club	Group Home	04/20/81	06/25/82	14.16
9	---	---	Atlantic Cleaners	---	07/07/82	08/05/83	12.94
9	---	---	Colonial Cleaners	---	11/28/83	Current	27.20
10	23	33	Clark's Restaurant	Parent	02/13/83	02/27/83	0.46
10	---	---	Cimmaron Rose	---	05/29/84	06/29/84	1.02
10	---	---	Harry's Lounge	---	08/06/84	02/22/85	6.57
11	23	36	Pancakes-N-Pickles	Parent	03/09/85	08/13/85	5.16
12	24	39	J. C. Penney Company	Parent	01/29/85	Current	13.14
13	26	37	St. Benedictine H. S.	Parent	03/09/81	02/20/84	35.42
14	22	35	Bradlee's #570	Supv. Apt.	09/17/85	Current	5.55
15	22	27	Rustler's Steak House	Parent	11/04/85	02/28/86	3.81
16	19	39	Miller and Rhodes	Parent	12/02/85	Current	3.06
17	21	24	Western Sizzlin / Chester	Parent	10/02/85	Current	5.06
18	25	29	Community Alternative Inc	Parent	01/09/84	Current	25.82
19	36	37	Grace Lutheran Church	Parent	03/30/83	Current	35.19
20	22	38	Western Sizzlin Rest.	Parent	02/19/86	02/28/86	0.30
21	20	32	Plata Grande Restaurant	Parent	01/19/86	Current	1.48

TABLE 2

Nature of Job

TER - Terminated
RES - Resigned
N/A - Not Appropriate

NAME	TYPE OF JOB HELD	RATIO OF HANDICAPPED TO NON-HANDICAPPED WORKERS IN INTEGRATED JOB SETTING	GREATEST OBSTACLE	GREATEST ASSET	REASON FOR SEPARATION
1	Food-Dish/pot washer	1/18	---	---	N/A
2	Food-Dish/pot washer	1/15	Continued supervision	Work attitude	RES-Took better job
2	Food-Dish/pot washer	1/15	---	---	TER-Slow work
3	Janitor/Housekeeper	1/15	Low endurance	---	TER-Aberrant behavior
4	Janitor/Housekeeper	1/30	Continued supervision	Likable personality	TER-Required continued prompting
5	Food-Front dining area	2/12	Poor social skills	Likable personality	N/A
6	Assembler/Bench worker	1/8	Aberrant behavior	Work attitude	TER-Poor attendance/ tardiness
7	Food-Back kitchen utility	5/75	Low quality work	Public transportation	N/A
8	Food-Dish/pot washer	2/12	Poor social skills	Attendance/promptness	LO-Seasonal w/return
8	Food-Back kitchen utility	---	Poor social skills	Likable personality	TER-Low quality work
8	Food-Back kitchen utility	2/12	Slow work	Attendance/promptness	N/A
9	Laundry	1/50	---	---	TER-Poor job match
9	Laundry	2/14	Attendance/tardiness	Fast work skills	RES-Transportation problems
9	Laundry	1/10	Transportation	Work attitude	N/A
10	Food-Dish/pot washer	1/20	---	---	RES-Does not want to work
10	Food-Preparation	2/3	Transportation	Work attitude	LO-Economic situation
10	Food-Front dining area	1/3	Interest/Attitude	Parental support	RES-Does not want to work
11	Food-Front dining area	1/8	---	---	RES-Parent initiated
12	Janitor/Housekeeper	1/10	Attendance/Tardiness	Fast work skills	N/A
13	Janitor/Housekeeper	1/10	Low endurance	Fast work skills	RES-Moved away
14	Stock clerk/Warehouse	1/5	---	---	N/A
15	Food-Back kitchen utility	1/5	---	---	LO-economic situation
16	Janitor/Housekeeper	1/20	---	---	N/A
17	Food-Dish/pot washer	1/10	---	---	N/A
18	Janitor/Housekeeper	---	Insub/Aggress/Violent	Attendance/promptness	N/A
19	Janitor/Housekeeper	1/5	Poor appearance	Attendance/promptness	N/A
20	Food-Front dining area	1/10	---	---	TER-Poor attendance/Tardiness

number of the individuals even though most had no previous employment. Slow work speed, poor endurance, and unacceptable work quality were major problems. Not all clients have specific obstacles or assets indicated for them in the table because the evaluating job coaches did not observe any distinguishing characteristics in this area.

Financial Benefits and Costs

Table 3 shows hours worked, wages accumulated, etc. It is notable that none of the persons had ever worked before and had no previous earnings. Most were at home, school, or in adult activity centers. Those who are reported with work levels of less than 20 hours of work per week did so in order to stay in school for longer periods of time. The cumulative earnings of this group were over $200,000 in unsubsidized wages. We also report the average job-coach hours on a monthly basis. This figure was taken over the life of the individual's employment and is reported in order to give a sense of the per placement and maintenance cost involved. A rate of $20 per hour was established for our job coaches' services by the Virginia Department of Rehabilitative Services. Hence, one could multiply the total intervention hours by the $20-per-hour rate and obtain an estimate of costs for each client.

Table 3

Financial Benefits Table

Name	Total Intervention Time Reported in Job Coach Hours	Cumulative Months Worked	Cumulative Wages Earned
1	46:00	4.11	1,260.00
2	485:02	13.57	2,581.36
3	185:35	17.25	9,506.25
4	225:13	9.33	5,494.00
5	1057:03	88.38	31,964.00
6	0:00	8.02	4,103.75
7	617:58	84.57	47,432.88
8	383:44	62.95	31,542.90
9	358:45	54.31	25,182.15
10	222:04	8.05	2,504.60
11	56:55	5.16	462.30
12	151:35	13.14	4,166.00
13	49:51	35.42	19,604.20
14	101:45	5.55	1,340.00
15	304:45	3.81	603.50
16	84:05	3.06	966.00
17	146:15	5.06	1,513.05
18	27:17	25.82	6,925.88
19	262:23	35.19	10,251.00
20	37:10	0.30	161.00
21	53:45	1.48	504.00
	4867:10	484.50	208,068.82

Supervisor Evaluation

Regular supervisor evaluations were also collected in order to determine the individual client's performance according to the company. A number "5" indicated excellent performance with no room for improvement, with a number "1" indicating poor, and a "3" adequate. As Table 4 indicates, most of the individuals in this report were rated as adequate or better after a month or so of work. Interestingly, however, the performance, on-task behavior, and client appearance evaluations decreased over time in the job.

Table 4

Supervisors' Evaluations of Workers with Severe and Profound Handicaps
Evaluation Item

Evaluation Item	Mean/Time	
	Initial Eval.	Latest Eval.
Arrives and leaves on time	4.36842	4.70588
Maintains good attendance	4.57895	4.72222
Takes appropriate meals and breaks	4.50000	4.61111
Maintains good appearance	4.22222	4.05556
Performance comparable to others	4.00000	3.87500
Communication not a problem	3.68421	3.77778
Consistent attention to job tasks	4.21053	3.88889
Overall appraisal of proficiency	3.16667	3.27778

Discussion

The data described in this paper present simultaneously a positive and a negative view of competitive employment prospects for people labeled severely and profoundly retarded. On the one hand, it is a positive, almost incredible development that people with lengthy negative clinical files and measured intelligence that averaged about 30 for the first time received an opportunity to work in real jobs for real pay and integrated with predominantly nonhandicapped persons. The cumulative earnings of over $200,000 compares very favorably with a zero level total for those who are in adult activity centers or the very low subminimum wages usually earned in sheltered workshops. The ability to have such new disposable income can radically change lives as well as long-term outlook and freedom (Gersten, Crowell, & Bellamy, 1986). The total cost of services for these individuals was $97,000; Therefore, it can be seen that for each public dollar spent, over two dollars was earned by these workers. Although there are some vocational rehabilitation administrators who might not find this cost efficient, by and large, given the measured intelligence of this population and its historical earning power, this is a favorable outcome.

Most of these people had no previous work history; they had limited communication and travel skills, no academic skills, and most had not had the benefit of community-based programs in integrated schools. And now, even those who resigned or were terminated have an established work history on which to base future employment encounters. By using a supported employment approach, real work was obtained, causing a multitude of benefits to occur such as

1. the opportunity to interact with nonhandicapped people;
2. the opportunity to earn decent wages, pay taxes, etc.;

3. the opportunity to establish a work history for eventual advancement;
4. the opportunity for their families and others to view them in a competent role.

Data from supervisor evaluations, hours of on-site staff intervention and job retention suggest that these workers have the capability to succeed in competitive employment, assuming there is appropriate professional staff support, ongoing or intermittent, at the job site. This is highly encouraging since it further expands the base of knowledge from which current supported employment programs are now being developed and new programs and policies are being planned. Furthermore, it significantly complements the work done by the University of Oregon group (e. g., Mank et al., 1986) as well as numerous other state-of-the-art vocational programs nationally (e. g., Kiernan & Stark, 1986; Rusch, 1986). Specifically, it begins to document with more difficult populations how positive, paid, vocational outcomes can accrue.

It should be noted that there is a seeming incompatibility between the generally positive supervisor evaluations and the reasons given for job separation. The best explanation is that employers generally are reluctant to provide negative written feedback on workers with severe disabilities. Hence, a halo effect seems to have emerged.

There is a more sobering, less positive, side to these data as well. For example, many of the people, especially those at the school age level, were unable to get 35-40 hours of work per week. Also they were, for the most part, placed in entry-level service positions which some critics feel were demeaning. There is no question that significant job-coach support hours were necessary and will continue to be. It is evident that job retention of 55-60% is not what we would ultimately like to see. It is evident that only localities which offer this type of employment model will be able to make such vocational opportunities available. Therefore, if one is labeled as profoundly retarded and grows up in a particular part of the state or country, there may be no job for that person, although the vocational technology is clearly emerging which suggests otherwise. Furthermore, it should be noted that even though the people in the report had relatively low IQs, they did not have the serious ambulation or sensory problems of much of the population at large with severe and profound handicaps.

In closing, what can we say we have learned about this group? First, this report adds to and extends the accumulating evidence about the nonsheltered work potential of people with severe and profound retardation. It should be observed as well that if this study group was expanded to a population with IQs under 45 within our overall data bank (Hill et al., in press), would increase by another 50 clients. Second, social incompetence and inability to relate to nonhandicapped peers was a major problem of many of these 21 persons and caused separation. Thus more programs in integrated settings must be undertaken. Third, it is very evident to those closely involved in day-to-day supported competitive employment programs that job development and cultivation of the "right" job is more important than ever for people with complex learning problems. Finally, more knowledge is necessary in how to apply systematic behavioral instructional techniques in fast-paced nonsheltered work settings.

Clearly, major challenges lie ahead vocationally for these persons. It is important to expand our base of knowledge with similar programs involving persons with more profound handicaps in unique and innovative vocational arrangements.

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In Response to Paul Wehman and Janet W. Hill

A Look at the Need to Further Organize and Design Services

Kevin J. Lessard

During the past few years, I've had the opportunity to follow Paul Wehman's research and I would like to comment on the programmatic needs of individuals with profound handicaps with deafness and blindness within the context of his research and other areas of need. I would also like to address the development of transitional services for the population, as well as parents' rights and a further definition of accountability for professionals. I will also include some recommendations for future action and policy development.

The development of community-based services for individuals with deaf-blind handicaps is, without a doubt, our most critical challenge. It requires a redefinition of our professional accountability as we become actively involved in the development of community-based services. It requires us to become involved in complex networks of services and politics, both of which may be unfamiliar to us.

We need to develop a comprehensive continuum of services, given the wide functioning range of those who are deaf-blind, and we need to focus our attention on a housing as well as a vocational continuum.

Vocational training and vocational placement will make the difference in whether an individual who is handicapped with deafness-blindness is allowed to enter into a community-based housing program. This is true since very few residences have the operational monies to staff a program during traditional work hours.

When we analyze the evolution of services for these individuals, we can see the significant gains which have been made in the past five to ten years because of Title VI-C funding, Public Law 94-142, and state special educational legislation. The recent focus on transitional service has certainly helped these individuals, particularly those

that are in the process of aging-out of the education system. Some of the positive features of research such as this done by Paul and other people in the field have had a positive impact on integrating these individuals into vocational and living options in the community.

Generally speaking, there has been a greater emphasis on developing community-based services. There has been a greater emphasis on more of a planned approach for these individuals, which includes direct instruction, transitional planning, and placement in meaningful employment. Another positive feature of the past few years has been the evolution of parents' rights, the clarification of parents' legal rights, and the development of a process in which parents have become involved as planners and coplanners with professionals.

These advances, however, have not been sufficient to ensure the development of a comprehensive system of services that will guarantee appropriate placements for the majority of these individuals. A number of problem areas continue to exist and they include the following variables:

A recent Harris Poll has shown that 66% of all disabled individuals are unemployed.
Disabled individuals are not necessarily guided into employment opportunities that are appropriate for their abilities.
Too much vocational training takes place in isolation and in a vacuum.
Systematic and planned transition to positions in business and industry are not usually available.
Communication between school personnel and adult service providers is typically limited.
Transportation systems and the availability of funds to pay for transportation services are limited in many parts of the country. In some cases, these limitations may dictate the particular placement of an individual.
Lack of contingency plans hinder clients when they are unable to go to work because of sickness or other factors.
The teacher shortage is becoming a national problem and some areas of the country are unable to provide minimal services.

When we analyze a continuum of vocational and work options, supported work options within business and industry are most attractive. How we develop an adequate array and a sufficient number of positions is critical, and what we do in the interim to maintain and stabilize a community-based placement for a client is also a factor that needs attention.

Paul mentions four particular benefits that were realized by having severely handicapped individuals become involved in competitive employment opportunities:

1. The opportunity to interact with nonhandicapped people.
2. The opportunity to earn reasonable wages and pay taxes.
3. The opportunity to establish a work history for eventual advancement.
4. The opportunity for their families and other people to view them in a competent role.

Even those who resigned or were terminated, now, for the first time, have an established work history from which to base future employment opportunities.

I would also like to comment on a number of other factors associated with integration into competitive employment placements. Data from Paul's study suggest that the workers have the ability to be successful in competitive employment, assuming there is appropriate professional staff support at the job site on an ongoing or intermittent basis.

In our community-based vocational programs at Perkins, we have identified a number of significant responsibilities that staff must assume if successful and continued affiliations are to be realized. In many cases these are new roles for our staff, and

the biggest mistake we made when we first began placing students was in not identifying this full range of new responsibilities and, therefore, not training staff appropriately.

Staff who are developing or teaching in community-based programs must consider the following:

- Continuous assessment of available community employment opportunities to expand job options and to protect clients in cases where businesses close or where lay-offs take place.
- Awareness of the auditory and visual changes that can take place with these students who are deaf-blind and related medical implications of the etiology including but not limited to the onset of diabetes and the resulting medical and behavioral changes that can and will occur.
- Knowledge of federal and state labor laws, as well as insurance factors that prospective employers always have regarding liability.
- Training of teachers to gradually integrate a client into a competitive worksite. Orientation that is too short can be detrimental to the overall goal of training and eventual placement.
- Communication with a blue collar supervisor who may have minimal sensitivity to the type of professional supervision to which the teacher is accustomed. Determining the supervisor's and nonhandicapped co-workers' work styles, work habits, and the general climate within the worksite is critical. Standards of cleanliness and other factors familiar to teachers may be dramatically different. While teachers need to support the clients, there will usually have to be some compromises.
- Training of teachers regarding their separation from supervised and direct instruction. This can be difficult because the process is not taught in most undergraduate or graduate training programs. Difficulty in withdrawing from the teaching situation can negatively affect a client's program.
- Determination by teachers of the time factors and the time frequencies relating to an individual's need for follow-up services and ongoing support.
- Recognition of multiple safety factors in order for teachers to make recommendations to supervisors. Multiple safety factors can include the following:
  - Basic orientation and mobility techniques.
  - Adaptation of equipment to accommodate the auditory and visual needs of the client. Also knowing when to have a rehabilitation engineer oversee adaptive procedures.
  - An understanding of OSHA standards and policies.

Once successful placements are completed, not only is ongoing monitoring needed, but serious consideration should be given to appropriate recognition of companies and their employees. Public relations become important and there are many possibilities for recognition and awards that can help enhance relationships.

The expanded and new roles of teachers and trainees within business and industry cannot be underestimated, and a forum for discussion of problem areas and inservice training is critical in the process.

In analyzing future needs, I would emphasize consideration of the following recommendations:

1. We need more specialists trained in deaf-blind, multihandicapped education, who will be able to communicate effectively with students who are deaf-blind. Professionals need to be able to diagnose, evaluate, and design instructional techniques that accommodate an individual deaf-blind student's visual and/or auditory abilities and provide training that takes into account an expanding community-based curricula. Attention to different and complicated medical and behavioral problems is also critical.

2. We need more political and parental advocay, and we need to recognize and respect parents' abilities to change the system.
3. We need more cooperation between researchers and educational and rehabilitation personnel in the field of deaf-blindness.
4. We need better dissemination approaches and more creative ways of designing research so that the defensive posture taken by education and rehabilitation agencies against community-based services will be eliminated or significantly reduced. Many people do not know about innovative vocational training options.
5. It is difficult at this time to make a perfect placement--one in which all conditions are satisfied. There are too few community-based employment opportunities in business and industry at this time. Until such time as there are sufficient community-based vocational opportunities, do we support less desirable vocational options in sheltered settings if the placement and access to housing and support services are available and dependent on a day placement? Or do we wait until we can have the perfect setting? How much compromise is justified?
6. We need to look at vocational placements in the overall context of developing community-based services. We need to design ways to integrate housing options, vocational options, and medical and support services. The development of an integrated plan for one student requires a commitment on the part of many professionals from varied and different human service agencies, from the client, and, in particular, from parents who must be further educated to help them understand their roles and their rights. Parents, however, must also be assisted by professionals to understand and deal with the following:
   A lack of entitlement legislation.
   A lack of adequate financing.
   Too few housing, vocational, and support and medical services.
   The psychological dynamics associated with their child being placed within a system that is not as well coordinated as their child's educational programming.
   The dynamics associated with guardianship arrangements and the development of Estate and Trust Planning which automatically creates a clearer and greater sense of concern as they begin the process of developing long-term or life-long plans for their son or daughter.
7. We need to address all of the issues Paul mentioned as problem areas in his study. They include the following:
   Improvement of the retention rate of 55 percent to 60 percent.
   Ways to alter the negative factors of low production norms and poor endurance.
   More knowledge regarding how to apply systematic behavioral and instruction techniques in fast-paced, nonsheltered work settings. For example, the majority of the "rubella population" needs structure, since these persons have a tendency toward impulsivity, and they may react negatively to inconsistent supervision.
8. We need to have available appropriate sheltered employment opportunities for clients who fail in a competitive, supported work environment.

At Perkins, we recognize that the development of community-based service is a complex process. It is challenging and, at times, overwhelming. It is exciting and, at times, frustrating. Yet the more we become involved, the more we are convinced that the time, effort, and energy expended is truly worth it. We need to be ready to deal with the long-term and life-long care needs of those who have deaf-blind handicaps, especially those who are lower functioning.

In addition to advocacy, our efforts will also require funding, strong leadership, and the involvement of national, state, and local officials, as well as business and industrial leaders. Our efforts will require a commitment on the part of professionals to become planners, coplanners, and advocates within the public and private sectors.

Accountability is our professional responsibility and the individuals we serve and their parents depend very heavily on us to interpret and follow through on program

design and implementation. How well we organize and design services and to what extent we become involved with the development of living and vocational options in the community and life-long care systems will determine our definitions and our commitment to the concept of accountability. In essence, it will determine the extent of our commitment to the individuals and the parents that we serve.

In Response to Paul Wehman and Janet W. Hill

The Vocational Rehabilitation Perspectives

Nancy Norman

We at the Iowa Commission for the Blind administer the vocational rehabilitation program for Iowans who are blind, and we operate an orientation center. We also operate one of the largest libraries to be found anywhere for those who are blind and physically handicapped.

Paul Wehman of the Rehabilitation Research and Training Center at Virginia Community University mentioned that there is now greater promotion of the entire employment movement for the disabled. Perhaps that is because there is generally such an emphasis on jobs. Farmers are concerned about jobs; the shoe industry is concerned about jobs. Manufacturing people are concerned that jobs are going to be exported to Mexico and Korea. The fabric of politics is changing. We are seeing changes in coalitions; constituencies are focusing their efforts, not so much in Washington any more, but back home in the states since President Reagan took office.

The basic knowledge about our programs for the blind and disabled has changed and increased. I would imagine that is because all of us now have some working knowledge of the computer, which has helped in the collection of data. The computer has aided persons such as Paul in doing more research.

The Iowa Commission for the Blind is charged by state statute with keeping a registry of those who are blind and in Iowa, that includes those that are deaf-blind. In Iowa, we know of individuals who are blind by the time they reach two years of age. We have long been concerned about transition from school to work; that is probably true of lots of agencies across this country. We know that eventually most of these children will become part of our vocational rehabilitation case load or part of our independent-

living case load, and we want to find out about these individuals as soon as possible. We are not greatly concerned with the IQ level of our clients because our first concern is assisting people who are blind. We do work with the two hospital-schools for the mentally retarded in Iowa, in order to keep tabs on those who are blind or deaf-blind in those institutions.

We have had some experience with supported work through a project with the Menninger Foundation, which has an agreement with a large hotel chain in Des Moines. We contracted with Easter Seals to provide the job coach. Unfortunately, the hotel changed hands and many of the personnel changed, so our experience was not conclusive regarding whether supported work would be successful. Nonetheless, we have entered that arena.

I, too, had the benefit of reading Paul's paper, and I read that paper as the crusty old administrator that I am. I have three questions that I would like to ask, not because I am critical of the issue of supported work, but because, if this paper was brought to me by a staff member or an advocate, I would need to ask these questions before I could implement a supported work program.

The paper talks about the workers and how they were evaluated. The evaluations in the paper are very favorable since most of the workers that were evaluated showed at least adequate and above-adequate performance. But when I looked at the reasons why individuals were no longer working, low-quality work, slow work, problems with attendance or tardiness, insubordination, aggressive behavior, and poor appearance were mentioned. Those appear to me to be in conflict with the actual evaluations that were shown in the paper. Also, over the eight-year time period, it appears that only eight of the twenty-one people worked for two years or more. I would like to know more about that.

Another area that I would like more information about is employer attitude. Supported work is a new initiative in many states and employers may be interested for that reason. What are seen as the long-range implications of this population entering the market place on the relationships, which have been established over time, between vocational rehabilitation agencies and employers?

The third question relates to cost. Many of us are probably aware that the Rehabilitation Act is up for reauthorization.* Supported work is probably the most controversial issue surrounding the whole reauthorization process, and it is controversial because of money. The fear on the part of administrators is that a great amount of staff time will need to be spent on coaching individuals. This is time that could be spent on finding jobs for individuals in other populations.

In his paper, Paul indicates that the twenty-one people in the study earned more than $208 thousand over the period of the study. If my calculations are correct, about $97 thousand was spent on job coaches. I would like to know what the $20 job-coach rate includes and if there are other costs included for determination of eligibility, administration, supervising of the job coaches, clerical computer time, and others.

Also, in your paper, and again today, Paul has mentioned that more creative and in-depth job development needs to be included or expanded in this project, and that perhaps there needs to be more training for clients. This was confusing since when I read it, I thought he referred to training before on-the-job training. I also thought that the social interaction of these people was, in many cases, the major reason why they were separated from their jobs. To me, that means that there needs to be more intense independent living services.

Those three add up to additional services. Thus, in my estimation, this program cannot be justified by numbers. It cannot be justified due to any significant pay back, and cost effectiveness is the strongest argument for vocational rehabilitation. However, supported work may be justified based on whether this employment made a difference in the quality of the lives of these people.

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*Note: The Rehabilitation Act has since been reauthorized and includes provision for supported employment.

Report on the Working Group on Independent Living/Vocational Issues

Group Members

Rose Ceisla	Patricia McCallum
Mary Dickson	Beth Quarles
Sharon Freagon	Frank Simpson
Dorothy Hallett	Anne Smith
Kevin J. Lessard	Philip Wade

Report prepared by Sharon Freagon and Kevin J. Lessard

This report shares the results of the working group on employment options for persons with deafness and blindness and severe multiple disabilities.

Belief Statement

1. We believe that as able-bodied, able-minded, and less-disabled planners that individuals who are profoundly multihandicapped with deafness and blindness have a right to dignity and their own pursuit of happiness and should not be placed in situations for the sake of placement.
2. We believe that each such individual deserves unlimited vocational options and choices, which should include supported employment and other varied work opportunities.
3. We believe that all employment options must be available to this population and that qualifed staff capable of providing adequate communication skills must be available to individuals to improve social integration and avoid any form of isolation.
4. Anyone working with individuals who are deaf and blind needs to be trained to diagnose, assess and design instructional techniques that take into account the

following areas:

a. auditory assessment and training;
b. visual assessment and training;
c. total communications approach;
d. orientation and mobility training;
e. self-preservation safety issues; and
f. systematic nonaversive behavioral instruction. This is essential for a majority of the rubella population that needs structure, realizing the tendency toward impulsivity and the negative reaction to inconsistent structure or changes within the environment.

5. Housing, employment, health, medical, and leisure and recreation needs are all interdependent.
6. Health issues must be considered in all work environments and as a part of the individual's service plan.
7. Early preparation, beginning at birth, for the world of living and work should include higher expectations while continuing to encourage the development of skills, experiences, attitudes, and community integration.

Service Delivery Approach

1. Development of resources at the local "grass roots" level is essential for the provision of effective vocational rehabilitation services.
2. The supported work concept should be accepted as a viable case closure and "marketed" to administrators.
3. There is a need to evaluate and improve existing work options, including, but not limited to, home-based options, day habilitation centers, work activity centers, sheltered workshops, industrial enclaves, and supported work environments in business and industry.
4. The evaluation of client progress should be broadened, and "success" redefined to include qualitative aspects of work-related behaviors (e.g. physical and social well-being, competence, variety, security, health, individual choice, and interactions).
5. Developing and implementing employment models nationwide should be viewed as a twofold process:
   a. strategies for those entering adult services without preparation for work, i. e., no educational preparation;
   b. strategies for those entering adult services with preparation for work, i. e., educational preparation.
6. Effective working relationships must be established between all agency programs for interagency cooperation/collaboration to assume/designate responsibility.
7. The effectiveness of the job coach model should be demonstrated with persons who possess a variety of handicaps using nonvisual and nonverbal techniques.
8. Implications of employment of handicapped persons should be studied in terms of the impact upon the nonhandicapped labor force. Regional variables and the economic climate should be considered.
9. Federal recognition of vocational rehabilitation eligibility should be obtained for this population. Parent education about supported employment should be as thorough as it was for Public Law 94-142. Parent involvement should be encouraged and their expertise should be utilized.
10. Additionally, there is a need for education of the general public and professional development strategies to heighten awareness, promote acceptance, and create positive changes in attitudes. Dissemination of information and research findings should be planned to lessen, not increase, resistance.

Issues and Considerations

These issues and considerations are organized into the following areas: (a) staffing and training, (b) federal, state, and local implications, (c) networking and interagency cooperation, and (d) parents and families.

Staffing and Training

1. Anyone working with deaf and blind populations needs to be trained to diagnose, assess, and design instructional techniques in the following areas:
   a. auditory assessment and training,
   b. visual assessment and training,
   c. total communication,
   d. orientation and mobility,
   e. self-preservation and safety,
   f. behavior, specifically the tendency of the rubella population to be impulsive and react negatively toward inconsistencies and changes in the environment.
2. There needs to be preservice and inservice training of personnel including regular education teachers, special education teachers and rehabilitation counselors to prepare them for their involvement in supported work programs.
3. The status of "Job Coach" in the supported work model needs to be elevated so quality people can be recruited for the position.
4. The state agencies need to work with universities to develop personnel training for the supported work model.
5. Improvement is needed in instructional, clinical, and research efforts addressing the following issues:
   a. placement techniques,
   b. retention problems,
   c. low production norms,
   d. poor endurance,
   e. family involvement.
6. Federal support is needed for deaf-blind and multihandicapped teacher training to address the national personnel shortage.

Federal, State, and Local Implications

1. There is a nationwide shortage of trained personnel to work with the identified population. We recommend federal support for training of teachers, counselors, vocational rehabilitation personnel and job coaches as well as for the provision of inservice training of existing personnel.
2. We recognize that there are presently some successful programs around the country. We recommend that the federal government identify the programs, the characteristics that make them successful, and the leaders of such programs to provide others the opportunity to identify the characteristics most applicable to their situation and determine potential for replicating the program.
3. It is imperative that an agency in each state be designated to assume the primary responsibility for coordinating case management for people who are in the identified population. Effective, active relationships need to be defined to provide interagency cooperation and collaboration.
4. In line with the above, effective shared funding responsibilities need to be outlined.
5. In order for Vocational Rehabilitation funding and services to be an integral part of transition, there needs to be a consistent federal interpretation of Vocational Rehabilitation eligibility for this population.
6. In addition, supported work needs to be recognized as a legitimate Vocational Rehabilitation closure, with the funding provided by Vocational Rehabilitation (or some other agency) to continue support services indefinitely. Also, supported work

needs to be "marketed" to program administrators as a valued and viable outcome, as opposed to just a "fad."

Networking and Interagency Cooperation

If Vocational Rehabilitation is only as good as local community resources, then active, local, "grassroots" development of those resources must continue and be expanded.

Parents and Families

1. Parents and families need appropriate education and training regarding the existing vocational rehabilitation systems and the new supported work concepts.
2. Ongoing parent/family counseling is needed that is geared toward preparing them for the possible future service/placement of their family member who is disabled.
3. Inclusion of parents and family expertise regarding the abilities and needs of their family member who is disabled is needed in the transition process.
4. Parent-to-parent training and sibling-to-sibling training should be utilized in the transition process.
5. Guardianship information, financial, estate, and trust planning expertise should be included as part of the total transition process.

Recommendations

1. The results of this national conference on the transition of profoundly multiply handicapped deaf and blind youth should be widely disseminated throughout the country and to multiple human service agencies.
2. OSERS should make a legislative and financial commitment to the major recommendations of this conference.
3. While supported work programs, other vocational options and related support services require a commitment on the part of local communities, also required is a significant federal effort to fund programs and projects throughout the country to demonstrate successful community-based program development possibilities.
4. Federal and state rehabilitation systems need to develop financial and other incentive programs to allow rehabilitation counselors a greater degree of latitude in designing and following through on long-term programs for individuals who are profoundly multiply handicapped and deaf and blind.
5. A nationwide strategy needs to be developed to ensure parents and family participation in the development of community-based housing, vocational, medical and recreation services and the development of life-long care systems for individuals who are profoundly multiply handicapped with deafness and blindness.
6. The development of future plans should include the participation of parents and professionals from the fields of deafness and blindness, the severely handicapped, and maternal and child health. Additional disciplines that need to be included are from the fields of autism, rehabilitation, health and human services, and developmental disabilities.